



# Kentucky Child Fatality Review Newsletter

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## Capitol Notes

HB 51 was passed by the House on January 20, 2010. The Senate then received the bill and passed it on February 23, 2010. The bill was signed into law by Governor Steve Beshear on March 4, 2010.

HB 51 is an Act relating to suicide prevention training. Amend KRS 156.095 to require the Cabinet for Health and Family Services to post suicide prevention awareness and training information on its Web page by August 1, 2010; require every public middle and high school administrator to disseminate suicide prevention awareness information to all middle and high school students by September 1, 2010, and September 1 of each year thereafter.

Mar 4-signed by Governor (Acts ch. 6)

<http://www.lrc.ky.gov/record/10RS/HB51.htm>

## Thoughts of Death and Suicide in Early Adolescence

Accurately assessing children for suicide risk requires the ability to distinguish between normal thoughts about dying and death and signs indicating that mental health services may be warranted. Research conducted by a team at the University of Washington indicated that people assessing suicide risk among middle school age children should consider not just the answers to the commonly asked questions about suicidal ideation, but also the pattern of these responses, the persistence of this pattern, and what is happening in the child's life at the time of the assessment. The study team administered a five-item suicide ideation assessment to a cohort of children identified as at risk for depression and conduct problems through a universal classroom-based screening of more than 2,000 sixth graders. This cohort was assessed at four points between the sixth and eighth grades. Although 60 percent of these students answered at least one question in a manner that could be taken to indicate suicidal ideation, statistical analysis of response patterns revealed that the children fell into two groups: a small "high ideation" group (which included those whose pattern of answers over time clustered in a manner judged to indicate moderate to high risk) and a much larger "low ideation" group. Although six percent of the children reported thinking about killing themselves at least once, less than two percent of the children were found to be persistently in the high-ideation group (that is, were assessed as "high ideation" at three or more points during the study). The research team concluded that the significance of a child's responses to questions commonly asked to assess suicide risk (such as "Have you thought about death or dying?") can vary. Children in the low-ideation group were found to think about death or dying when they became curious about these topics or after someone close to them had died. Such responses do not necessarily designate risk. Children in the high-ideation group were found to think about death or dying during stressful periods, which may indicate they were going through a period of elevated risk. There were no significant gender differences between the groups. African American and Asian American participants were two times as likely to be in the high-ideation group as European Americans, after adjusting for gender, income, and Hispanic origin.

Note: Suicide prevention approaches used with middle school students need to be tailored to their developmental stage, rather than relying on loosely modified approaches used with high school students or older adolescents and young adults. Many developmental changes occur during the middle school years of early adolescence. There is a significant time lag between the emotional and behavioral changes occurring with the hormonal changes of puberty, and the mastery of cognitive and emotional coping skills that comes with the cortical development in later adolescence and early adulthood. The result is often increased moodiness, poor judgment, self-criticism, and emotion-focused coping (which may reduce the symptoms of stress but does not address the source of stress).

Vander Stoep, A., McCauley, E., Flynn, C., & Stone, A. (2009). *Suicide and Life-Threatening Behavior*, 39(6), 599-613.  
<http://www.sprc.org/news/index.asp>

## QPR: Question, Persuade, Refer

QPR stands for: Question, Persuade, and Refer – 3 simple steps that anyone can learn to help save a life from suicide. Suicide is everybody's business, look out for one another, aerobics instructors and physicians have to know CPR, but it's good for everyone else to know it too. People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to get a person at risk the help they need. You might be surprised and may find it useful at some point in your life with someone you know and care about. With QPR training you can learn how to save the life of a student, friend, colleague, family member, or neighbor.

Currently there are 150 QPR instructors throughout the state—KY has one of the highest number of instructors in the US. There are three Master Trainers in the State—Michael McFarland, State Coordinator for Suicide Prevention (502) 564-4456 x 4518, Mary Bolin at the University of Kentucky (859) 257-8701, and Bob Robey in Owensboro (270) 276-5531. Only Master trainers can provide training for one to become a QPR instructor. To date over 10,000 people have participated in QPR training across the state. Most of the instructors received their training as the result of a current Adolescent Suicide Prevention Grant with the Department for Behavioral Health, Developmental and Intellectual Disabilities called SPYCE: Suicide Prevention In Youth: A Collaborative Effort.

Trainings last about 90 minutes and are free to the community and consist of PowerPoint, video and interactive discussion. The Department for Behavioral Health, Developmental and Intellectual Disabilities manages and can assist in connecting anyone interested in hosting a training. Also, if anyone wants to know who is an instructor in their area they can go to: [www.kentuckysuicideprevention.org](http://www.kentuckysuicideprevention.org) and click on their region of the Kentucky map.--A drop down box will appear with all the contact information for instructors in that area.

<http://www.uky.edu/StudentAffairs/Counseling/suicidePrev.html>

<http://www.qprinstitute.com/> and <http://www.sprc.org/whatweoffer/audience/index.asp>

## Helmet-Wearing Parents Encourage Kids to Use Bike Helmets

You probably teach your child to resist peer pressure by saying no to drugs, alcohol, tobacco and risky sex. And according to a study from researchers at the University of Toronto in Ontario, Canada, adult influence also can encourage kids to wear helmets to help prevent bicycle-related injuries.

Over a 9-year period, researchers collected data on 2,094 5 to 14-year-old children who rode bicycles in parks and schoolyards and on residential streets. They recorded whether the children used helmets; whether they were riding alone, with an adult, or with another child; and whether their companions wore helmets.

Half of the children they observed rode their bicycles alone, but 36% rode with at least one other child and 14% rode with at least one other adult. In general, a child's companions tended to influence whether a child wore a helmet. Kids who rode with nonhelmeted kids were 71% less likely to wear a helmet, compared with children who rode bikes alone. However, children who rode with adults or other kids wearing helmets were more than twice as likely to wear a helmet as children who rode by themselves.

Here are some other statistics on helmet use in kids:

- 95% wore a helmet when riding with an adult who wore a helmet.
- 77% wore a helmet when riding with another child who wore a helmet.
- 41% wore a helmet when riding with an adult who didn't wear a helmet.
- 35% wore a helmet when riding by themselves.
- 10% wore a helmet when riding with other children who weren't wearing a helmet.

### What This Means to You

According to the results of this study, adult and peer helmet use when bike riding is positively associated with helmet use in kids. To protect your child from bicycle-related head injuries, every time your child rides a bike - whether with your or with friends - he or she should be wearing bike helmet that's been approved by the Consumer Product Safety Commission (CPSC) or Snell, a nonprofit safety organization. And wearing a helmet yourself is a great way to encourage your child to wear one, too.

Source: Amina Khambalis, MSC; Colin MacArthur, MBChB, PhD.; Patricia C. Parkin, MD; *Pediatrics*, October 2005.

Reviewed by: Steven Dowshen, MD; Date reviewed: November 2005

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[http://www.education.com/reference/article/Ref\\_Helmet\\_Wearing/](http://www.education.com/reference/article/Ref_Helmet_Wearing/)

## Bicycling and Skating Fact Sheet

- Each year, approximately 140 children are killed as bicyclists.
- Children sustain more than 275,000 nonfatal bicycle injuries each year.
- Nearly 690 children are injured daily due to bicycle-related crashes.
- More than 70 percent of children ages 5-14 ride a bicycle regularly.
- National estimates report that bicycle helmet use among child bicyclists ranges from 15 percent to 25 percent.
- Apart from the automobile, bicycles are tied to more childhood injuries than any other consumer product.
- Each year, children between the ages of 0-14 years, sustain an estimated 38,155 roller skating injuries and represent 57 percent of all rollerblading/in-line skating injuries.
- Each year, there are approximately 61,000 injuries to children involving skateboards.
- 53 percent of children (16 years and under) are killed bicycling on minor roads (connecting roads and neighborhood streets) compared to 46 percent killed bicycling on major roads (high-volume roads across cities and towns).
- 69 percent of child bicyclist deaths occur during warmer months (May-October).
- 58 percent of child bicyclist deaths occur at non-intersection locations.
- 70 percent of deaths occur between 2-8 p.m.
- It has been estimated that 75 percent of fatal head injuries among child bicyclist could have been prevented with a bicycle helmet.
- Children are five times more likely to be injured in a bicycle-related crash than older riders (15 years and older).
- Males account for 82 percent of bicycle-related deaths. Males make up 70 percent of nonfatal injuries among children.
- More children ages 5-14 are seen in hospital emergency rooms for injuries related to biking than any other sport.
- Universal use of bicycle helmets by children ages 4 to 15 could prevent between 135 and 155 deaths, between 39,000 and 45,000 head injuries, and between 18,000 and 55,000 scalp and face injuries annually.
- Helmet use can reduce the risk of head injury by 85 percent and severe brain injury by 88 percent.
- Various studies show that bicycle helmet legislation is effective in increasing bicycle helmet use and reducing bicycle-related death and injury among children covered under the law.
- One study showed that within the five years of passage of a state mandatory bicycle helmet law for children ages 13 and under, bicycle-related fatalities decreased by 60 percent. Police enforcement increases the effectiveness of these laws.

<http://www.safekids.org/our-work/research/fact-sheets/bicycling-and-skating-safety-fact-sheet.html>

## County Team Highlights

Want to see your local county Child Fatality Review Team mentioned here? If you know of a local CFR team that is doing an exceptionally good job with their reviews, prevention strategies, community involvement, or any other component of their CRF responsibilities, please send an email to the State CFR Program Coordinator. Include in the email a brief summary of the team and their good doings, along with your name and contact information.

## Useful Resources

<http://www.chfs.ky.gov/dph/mch/cfhi/childfatality.htm>  
[www.childdeathreview.org](http://www.childdeathreview.org)  
[www.aap.org](http://www.aap.org)  
[www.cdc.gov/ncipc](http://www.cdc.gov/ncipc)  
[www.safekids.org](http://www.safekids.org)  
[www.cpsc.org](http://www.cpsc.org)  
[www.pcaky.org](http://www.pcaky.org)  
[www.kentuckysuicideprevention.org](http://www.kentuckysuicideprevention.org)

## PHAT Protect Your Head at all Times

PHAT (Protect Your Head at All Times and Protect Your Head on All Terrain) is a youth-oriented campaign launched in 2002 by Williams, University of Vermont (UVM) associate professor of anesthesiology and director of the Snow Sports Research Team at UVM and Fletcher Allen. Piloted at Smugglers' Notch, PHAT is currently supported by the Vermont Health Foundation. The program, which has shown great promise in making skiing safer, will be featured at 11 Vermont resorts in 2009.  
[http://www.fletcherallen.org/upload/photos/7192Newswise\\_PHAT\\_010909.pdf](http://www.fletcherallen.org/upload/photos/7192Newswise_PHAT_010909.pdf)

## Question of the Month

### What are the injury facts for youth on ATVs?

Youth under 16 years operating an ATV are four times more likely to experience an injury requiring an emergency department visit.

Injuries commonly occur in rollover crashes, collisions with stationary objects and falling off the ATV.

The majority of fatalities are injuries to the head and neck.

Non-fatal injuries commonly include fractured bones and head injuries.

Additional information and links on ATV-related safety for youth can be found on the National Children's Center for Rural and Agricultural Health and Safety Web site: <http://research.marshfieldclinic.org/children/Resources/ATV/atv.htm>

Please send suggestions or articles that you would like to see included in the newsletter. We welcome the chance to highlight your activities, overviews of your program, local team achievements, projects that have come from local reviews, etc.

Send to:

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